

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 1064970

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		1				
5	2	2	2	2		
6	2	2	2	2		
7	2	2	2	2		
8	2	2	2	2		
9	2	2	2	2		
10	1					
11	1					
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50						
TOTAL IND.	4					
TOTAL DEP.	9					
TOTAL CLAIMS	13					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						